



401(k) PROFIT SHARING PLAN - Mutual of America	
Eligibility:	All employees who have completed 90 days of service and are at least 18 years of age.
Plan Entry Dates	First of every month.
Employee Salary Reduction	Employees may contribute from 1% to 100% of their compensation up to the maximum permitted by law. The maximum contribution is \$15,500 for 2007.
Catch-up Provision	Catch-up contributions of up to \$5,000 in 2007 can be made by employees who are age 50 and above by 12/31/2007.
Employer Contribution	Cheyenne Village may provide a discretionary contribution determined by the Board of Directors on an annual basis. The contribution will be made regardless of employee participation.
Vesting:	< 3 3 4 5 or more Years of Service - 0% 20% 40% 100% Percentage -
Investment Options:	See packet from Mutual of America to review options.

EMPLOYEE CONTRIBUTIONS – Monthly			
	Medical / Vision	Dental Low Plan	Dental High Plan
Employee	\$66.36	\$19.39	\$37.69
Employee + Spouse	\$592.07	\$34.10	\$66.78
Employee + Child(ren)	\$454.95	\$34.10 (one child)	\$66.78 (one child)
Family	\$984.67	\$53.93	\$106.88

EAP (Employee Assistance Program) - Mutual of Omaha	
Mutual of Omaha offers a confidential program to help with a variety of issues including stress, depression, parenting, financial concerns, life changes, relationship issues and substance abuse. Telephonic access is available 24/7. Up to 3 face-to-face visits are also available. This benefit is paid in full by Cheyenne Village.	

SUPPLEMENTAL INSURANCE - AFLAC	
AFLAC offers supplemental insurance programs that are available on a payroll deduction basis. See HR for details.	

IMPORTANT TELEPHONE NUMBERS	
ANTHEM BLUE CROSS BLUE SHIELD (Medical) Customer Service:	1-800-334-6557 www.anthem.com
PRINCIPAL (Dental) Customer Service:	1-800-247-4695 www.principal.com
EYEMED (Vision) Customer Service:	1-866-723-0596 www.eyemedvisioncare.com
DENVER RESERVE (Flexible Spending Account) Customer Service:	1-800-736-4611 www.denverreserve.com
MUTUAL OF AMERICA (401k) Customer Service:	1-800-468-3785 www.mutualofamerica.com
MUTUAL OF OMAHA (Life / Disability) Customer Service:	1-800-775-8805 (Life) 1-800-877-5176 (Disability) www.mutualofomaha.com
MUTUAL OF OMAHA (EAP) Customer Service:	1-800-316-2796 www.mutualofomaha.com
AFLAC (Supplemental Insurance) Customer Service:	1-800-992-3522
ENWISEN - On-line benefits information	
Website: http://tinyurl.com/grdyf Password: employee Access to plan information, links to carrier web sites and company information.	

THIS BROCHURE IS ONLY A BRIEF SUMMARY OF YOUR BENEFITS AND DOES NOT CONSTITUTE A POLICY. YOUR CERTIFICATE BOOKLETS WILL CONTAIN THE ACTUAL DETAILED PROVISIONS OF YOUR BENEFITS.

PLAN ARRANGED BY:
LOCKTON COMPANIES
8110 East Union Avenue, Suite 700
Denver, CO 80237

EMPLOYEE BENEFIT PROGRAM

Effective: 11/1/07

BENEFITS PROVIDED

MEDICAL - Anthem Blue Cross Blue Shield

The HMO plan requires that you select a primary care physician for network benefits. This plan covers benefits at 100% for approved care after specified copayments. Out-of-Network coverage is only available in emergency situations.

Anthem	HMO
ANNUAL DEDUCTIBLE Individual Family	None None
OUT-OF-POCKET MAX. Individual Family	\$3,000 \$6,000
LIFETIME BENEFIT	Unlimited
PHYSICIAN SERVICES Office Visits Physical Exams Well Baby Care Lab and X-ray	\$20 copay PCP, \$40 copay Specialists \$20 copay PCP, \$40 copay Specialists \$20 copay PCP, \$40 copay Specialists Lab/X-ray 100%; MRI, MRA, CT, PET \$100 copay
HOSPITAL SERVICES Room and Board	\$700 copay/admission
Out-Patient Surgery	\$525 copay/admission
PRESCRIPTION DRUGS Generic Brand Formulary Tier 4—Self Injectables	\$15 copay \$40 copay \$60 copay 30%
Mail Order (90-day supply):	2x retail copay
HOSPITAL PRE-CERTIFICATION	Required

Anthem	HMO
MENTAL & NERVOUS In-Patient Out-Patient	50%; 45 days per year \$20 copay, 20 visits per year
SUBSTANCE ABUSE In-Patient Out-Patient	DETOX ONLY 50% Not Covered
EMERGENCY ROOM	\$100 copay

DENTAL - Principal	Low Plan In-Network	Low Plan Out-of-Network	High Plan In- or Out-of-Network
Deductible	\$50 / \$150	\$50 / \$150	\$50 / \$150
Preventive Basic Major	100% Ded., 90% Ded., 60%	10% Ded., 10% Ded., 10%	100% Ded., 80% Ded., 50%
Annual Maximum	\$1,000	\$1,000	\$1,000

VISION - EyeMed (If you are enrolled in medical, you will receive the vision coverage)		
	In-Network	Out-of-Network
Eye Exam (every 12 months)	\$20 copay	Up to \$35 allowance
Lenses (every 24 months) Single Bifocal Trifocal	\$20 Materials Copay (frames covered in full up to retail of \$130, then 20% discount)	Up to \$25 allowance Up to \$40 allowance Up to \$55 allowance
Frames (every 24 months)	Up to \$60 allowance	Up to \$60 allowance
Contact Lenses (elective)	Up to \$130 allowance	Up to \$104 allowance
Contact Lenses (medically necessary)	Covered in full	Up to \$200 allowance
Laser Correction	Discount available (about 15%)	Not Covered

LIFE INSURANCE - Mutual of Omaha

LIFE/AD&D: 1x Salary to \$50,000

Cheyenne Village provides this benefit at no cost to eligible employees.

SHORT TERM DISABILITY - Mutual of Omaha

Benefit Maximum: 60% of basic salary to \$600 per week
Benefit Period: 13 Weeks
Elimination Period: 1st Day Accident, 8th Day Sickness

Cheyenne Village provides this benefit at no cost to eligible employees.

LONG TERM DISABILITY - Mutual of Omaha

Core Plan: 40% of monthly earnings to \$1,500 per month
Benefit Maximum: ADEA
Benefit Period: 90 days
Elimination Period:

Cheyenne Village provides this benefit at no cost to eligible employees.

Buy-up Plan: Employees can buy up to 60% of monthly earnings at an additional cost. Please contact HR for details.

VOL. LIFE INSURANCE - Mutual of Omaha

Benefit Maximum: 5x Annual Salary up to \$250,000 for Employee
50% of EE Amount up to \$50,000 for Spouse
\$10,000 per Child
Guarantee Issue: 5x Annual Salary up to \$50,000 for Employee
50% of EE Amount up to \$25,000 for Spouse
\$10,000 per Child

See HR for age banded rate information.

FLEXIBLE SPENDING ACCOUNT - Denver Reserve

	Health Care	Dependent Day Care
Maximum Contribution:	\$2,500 per year	\$5,000 per year if single or married filing jointly; \$2,500 per year if married filing separately
Examples of Expenses:	Deductibles, Copays, Medical, Dental and Vision expenses not covered by plans.	Wages to a babysitter, licensed childcare center, day camp expenses.